DTS - Power Shooting I



Dutch Total Soccer's Power Shooting I class will ensure that all players learn to strike the ball correctly with increased velocity, power, and accuracy with each shot. Power Shooting I is based on an understanding and application of the "7 basic steps" for strikers. The mechanics of a powerful and accurate shot will be broken down during this class.

Because of the techniques instructed in the Power shooting curriculum, passing is a key focus and the class and is necessary for the general development of every player in every position. All players should have a detailed knowledge of how to strike the ball correctly in order to complement their overall soccer **Sessions are one class per week for eight weeks (Unless specified otherwise). game. **AGES 7-10**

Session #3 - Winter II Classes:

\$175: Friday - 5:00pm-6:00pm - January 29th, February 5th, 12th, 19th, 26th, March 4th, 11th, 18th

\$175: Saturday - 8:50am - January 30th, February 6th, 13th, 20th, 27th, March 5th, 12th, 19th

\$175: Monday - 5:00pm-6:00pm - February 1st, 8th, 15th, 22nd, 29th, March 7th, 14th, 21st

\$175: Wednesday - 6:00pm-7:00pm - February 3rd, 10th, 17th, 24th, March 2nd, 9th, 16th, 23rd

All classes are held at Soccer Centers (300 Memorial Drive) in Somerset, NJ just a half mile off exit 12 off of Route 287. For more information about Soccer Centers visit www.SoccerCenters.com.

Cost: \$175 Per Player

Make checks payable to "Soccer Centers". Space is limited; registration is based on first come first serve at the Bridgewater Recreation Department. When signing up for more than one session or child, separate checks and registration forms are required.

to register!

- Three ways 1) In person at the Bridgewater Recreation Department (Municipal Building 100 Commons Way - Bridgewater) 9am to 5pm Monday to Thursday 8am to 5pm Fridays,
 - 2) Drop registration off in the "REC" mail slot located on Municipal grounds before or after office hours
 - 3) Via postal service.

2016 Power Shooting I		Checks payable to "Soccer Centers"
Last Name (Participants)	First Name	Gender
Mailing Address	Town	State Zip
Home #	Cell # Parent	Work # Parent
Email Address	Age & Date of Birth	Session # & Day & Time
If the participant has individualized need		llowing and someone will contact you regarding reasonable

This is a contact sport. Injuries may occur. Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

Parent/Guardian Signature